

Name _____ **PLEASE TELL US ABOUT YOUR CHILD** Date _____

PLEASE LIST ALL LANGUAGES SPOKEN IN YOUR HOME? _____

DOES YOUR CHILD HAVE ANY FAVORITE OBJECTS OF COMFORT, SUCH AS A BLANKET OR A DOLL ?

WHAT DOES YOUR CHILD CALL IT ? _____

HOW DOES SHE/HE SPEND TIME ALONE? _____

DOES SHE/HE HAVE A FAVORITE FRIEND OR GROUP OF FRIENDS ? _____

WHAT ARE THEIR NAMES ? _____

WHAT ARE THE NAMES AND AGES OF BROTHERS AND SISTERS ? _____

DOES THE CHILD HAVE PETS ? WHAT ARE THEY AND WHAT ARE THEIR NAMES ? _____

WHAT ARE YOUR CHILD'S TALENTS AND AREAS OF INTEREST AND STRENGTH ? _____

ARE THERE AREAS OF WEAKNESS THAT IT WOULD BE HELPFUL FOR STAFF TO KNOW ABOUT ? _____

DOES YOUR CHILD LIKE TO EAT ? WHAT ARE SOME FAVORITE FOODS ? _____

WHAT FOODS DOES YOUR CHILD DISLIKE ? _____

ANY DIFFICULTIES WITH EATING ? _____

ANY FOOD OR OTHER ALLERGIES ? _____

MAY WE POST THE ALLERGIES IN THE CLASSROOM TO REMIND STAFF? _____

DOES CHILD NAP ? _____ HOW LONG ? _____ WHEN ? _____ WITH WHAT, IF ANY, SPECIAL OBJECT DOES YOUR CHILD NAP ? _____

HOW DOES YOUR CHILD PREPARE FOR THE NAP ? (e.g., story, music, quiet play) _____

IS CHILD TOILET TRAINED ? _____ NEED TO BE REMINDED ? _____ HOW OFTEN ? _____

WHAT WORDS DOES CHILD USE WHEN NEEDS TO USE TOILET ? _____

DOES CHILD NEED HELP WITH: (CIRCLE) UNDERWEAR, SOCKS, BOOTS, COAT, MITTENS, PANTS, SHIRT/DRESS ?

DOES CHILD HAVE ANY FEARS ? _____

INDICATE HEALTH PROBLEMS OR HANDICAPS _____

DOES CHILD TAKE MEDICATION REGULARLY ? _____ IF SO, WHAT ? _____

HAS YOUR CHILD HAD EXPERIENCE IN A GROUP SETTING? IF SO, WHAT KIND OF EXPERIENCE WAS IT?

PLEASE GIVE US ANY OTHER INFORMATION THAT MIGHT HELP US GET TO KNOW YOUR CHILD BETTER.

THE MICHIGAN CITY CHILD CARE CONSORTIUM, INC.
IMAGINATION STATION CHILD DEVELOPMENT CENTER
.....where learning has no limits.
1200 E. Coolspring Ave.
Michigan City, IN 46360
(219) 872-6723

ENROLLMENT APPLICATION/AGREEMENT

MOTHER'S FULL NAME _____

ADDRESS _____ HOME PHONE _____

_____ CELL PHONE _____

EMPLOYER _____

ADDRESS _____ WORK PHONE _____

FATHER'S FULL NAME _____

ADDRESS _____ HOME PHONE _____

_____ CELL PHONE _____

EMPLOYER _____

ADDRESS _____ WORK PHONE _____

CHILD'S FULL NAME _____ NICKNAME _____

SEX ____ DATE OF BIRTH _____ AGE _____

RESPONSIBLE PERSON WHO CAN BE CALLED TO COME FOR MY CHILD IN CASE OF ILLNESS OR OTHER EMERGENCY IF PARENTS CAN NOT BE REACHED:

NAME _____ ADDRESS _____

PHONE # _____ RELATIONSHIP _____

MAY WE RELEASE MEDICAL INFORMATION TO THIS PERSON? (Yes or No) _____

FULL NAME OF PERSON WHO HAS LEGAL CUSTODY OF CHILD:

The following are required prior to enrollment:

- ✓ **\$25.00 registration fee.** The fee will not hold a spot for your child and will be refunded if a space is not available. However, we can keep the application and registration fee until a space becomes available.
- ✓ Original **Birth Certificate** or copy with the stamp of registrar of deeds in the county of birth
- ✓ Records showing that your child is current in his/her **immunization schedule.**
- ✓ **A Medical Physical Exam** that is no more than three (3) months old.
- ✓ **Completed Enrollment Packet Forms**

Imagination Station does not discriminate on the basis of race, religion, national origin, sex, sexual orientation, age or disability.

**IMAGINATION STATION CHILD DEVELOPMENT CENTER IS OPEN FROM
6:00 A.M. – 7:00 P.M. Monday - Friday**

OUR POLICY LIMITS THE HOURS OF CARE TO THOSE SCHEDULED FOR THE DAYS AND TIMES YOU HAVE DESIGNATED FOR YOUR CHILD BELOW. IF ON ANY GIVEN DAY, YOU NEED ADDITIONAL HOURS OF CARE, PLEASE NOTIFY THE DIRECTOR IN ADVANCE AND WE WILL ATTEMPT TO ACCOMMODATE YOUR NEEDS. OUR FEE INCLUDES CARE FOR UP TO TEN (10) HOURS PER DAY. YOU WILL BE CHARGED AN ADDITIONAL \$5.00 FOR EVERY HOUR OVER TEN (10) HOURS OF CARE PROVIDED PER DAY. YOU WILL BE CHARGED \$5.00 PER MINUTE FOR ANY CARE PROVIDED PAST CLOSING.

PLEASE INDICATE THE DAYS AND TIMES YOUR CHILD WILL ATTEND IMAGINATION STATION:

MONDAY: ARRIVE _____ DEPART _____
TUESDAY: ARRIVE _____ DEPART _____
WEDNESDAY: ARRIVE _____ DEPART _____
THURSDAY: ARRIVE _____ DEPART _____
FRIDAY: ARRIVE _____ DEPART _____

PARENT'S AUTHORIZATION FOR PICK UP

WE WILL NOT RELEASE YOUR CHILD TO ANYONE WITHOUT PARENT'S AUTHORIZATION.

THE INDIVIDUALS NAMED HERE HAVE MY AUTHORIZATION TO PICK UP _____:

**May we release medical
information to this
person? (Yes or No)**

NAME _____	Relation to Child _____	PHONE _____	_____
NAME _____	Relation to Child _____	PHONE _____	_____
NAME _____	Relation to Child _____	PHONE _____	_____
NAME _____	Relation to Child _____	PHONE _____	_____

PLEASE NOTIFY STAFF IN ADVANCE WHO WILL BE PICKING UP CHILD.

THE FOLLOWING INDIVIDUALS ARE SPECIFICALLY DENIED PERMISSION TO PICK UP MY CHILD:

(Court Order showing Sole Custody must be submitted to deny pick-up to a biological parent)

ALWAYS MAKE SURE THAT A STAFF MEMBER IS AWARE OF YOUR CHILD'S ARRIVAL AND DEPARTURE.

FEE AGREEMENT

Payment is due in advance of the first day of the week that your child will attend Imagination Station. If tuition is not paid on the first day of the week, a five dollar (\$5.00) per day late fee will be charged. The consortium retains the right to terminate care if fees are not paid. By signing below, you agree to the terms of this fee agreement and further agree to be responsible for any costs of collection, including attorney fees. Those paying with government vouchers are responsible for completing and keeping current all relevant paperwork. Families receiving government voucher tuition assistance must swipe in their attendance daily. If attendance is not recorded for 3 days, Families will be required to submit a deposit equal to 2 weeks of their child's full tuition rate.

Tuition is due and payable whether or not your child attends Imagination Station, whether due to illness or other circumstances. However, we do provide two (2) weeks (i.e., two times the amount of days that your child attends each week) of vacation credit per year which can be utilized after six months of attendance. No vacation credits are provided for the school-age summer program. If you decide to withdraw your child for any reason, we require at least two (2) weeks notice. Failure to provide adequate notice will result in your being charged for two (2) weeks of tuition.

SIGNATURE OF PARENT OR GUARDIAN

DATE

DAYS IMAGINATION STATION WILL BE CLOSED

IMAGINATION STATION WILL BE CLOSED ON THE FOLLOWING HOLIDAYS: **NEW YEAR'S DAY, MEMORIAL DAY, INDEPENDENCE DAY, LABOR DAY, THANKSGIVING DAY AND CHRISTMAS DAY.** YOU WILL BE REQUIRED TO PAY THE REGULAR WEEKLY RATE DURING THESE HOLIDAY WEEKS.

EMERGENCY MEDICAL AUTHORIZATION

I AGREE, AND BY MY SIGNATURE GIVE CONSENT, THAT IN CASE OF AN ACCIDENT, INJURY OR ILLNESS OF A SERIOUS NATURE, MY CHILD WILL BE GIVEN EMERGENCY MEDICAL CARE. I UNDERSTAND THAT I WILL BE CONTACTED IMMEDIATELY, OR AS SOON AS POSSIBLE SHOULD I BE AWAY FROM THE PHONE NUMBERS GIVEN WITH THIS APPLICATION.

PHYSICIAN'S NAME: _____

ADDRESS: _____ PHONE _____

PREFERRED HOSPITAL: _____

INSURANCE CARRIER: _____ GROUP# _____ POLICY# _____

DENTIST'S NAME: _____

ADDRESS: _____ PHONE _____

SIGNATURE OF PARENT OR GUARDIAN

DATE

PARENT-TEACHER COMMUNICATION & CONFERENCES

THE CONSORTIUM IS COMMITTED TO KEEPING THE LINES OF COMMUNICATION BETWEEN PARENTS AND STAFF OPEN AT ALL TIMES. WE ACKNOWLEDGE, HOWEVER, THAT LENGTHY CONVERSATIONS ABOUT EACH CHILD'S INDIVIDUAL PROGRESS ARE NOT ALWAYS POSSIBLE WITH THE BUSY SCHEDULES OF TODAY'S FAMILIES AND OUR CENTER STAFF. THEREFORE, PARENT/TEACHER CONFERENCES WILL BE SCHEDULED TWICE PER YEAR, IN THE SPRING AND IN THE FALL. IN BETWEEN, PARENTS ARE WELCOME TO COME AND OBSERVE OR VISIT WITH THEIR CHILDREN AT ANY TIME AND TO RECEIVE BRIEF UPDATES REGULARLY ON THEIR CHILDREN'S ACTIVITIES. PLEASE BE SURE TO CHECK YOUR CHILD'S FOLDER FOR DAILY COMMUNICATIONS.

MEAL PLAN AND SNACKS

BREAKFAST WILL BE OFFERED TO CHILDREN WHO ARRIVE BY 7:30 A.M. IF YOUR CHILD WILL BE PRESENT FOR BREAKFAST, PARENTS MUST NOTIFY THE STAFF THE DAY BEFORE. CHILDREN WILL BE SERVED MEALS AND SNACKS ACCORDING TO THEIR HOURS OF ATTENDANCE. DAILY MENUS AND SERVICE TIMES FOR ALL MEALS AND SNACKS WILL BE POSTED FOR YOUR REVIEW. ALL MEALS AND SNACKS WILL BE IN COMPLIANCE WITH THE INDIANA STATE BOARD OF HEALTH AND WILL MEET THE DIETARY NEEDS OF EACH CHILD AS BASED ON CURRENT NATIONAL RESEARCH COUNCIL RECOMMENDED DAILY DIETARY ALLOWANCES.

PLEASE ADVISE US OF ANY SPECIAL DIETARY PROHIBITIONS OR SUBSTITUTIONS REQUIRED FOR YOUR CHILD BASED ON THE WRITTEN ORDER OF YOUR CHILD' DOCTOR.

HEALTH EXAMINATION

A HEALTH EXAMINATION, INCLUDING IMMUNIZATIONS, IS REQUIRED FOR EACH CHILD. THIS HEALTH EXAMINATION MUST BE DATED WITHIN THREE MONTHS PRIOR TO ADMISSION BUT NO LATER THAN ONE MONTH AFTER ADMISSION TO THE CENTER. THE PHYSICIAN MUST COMPLETE THE FORM PROVIDED BY THE CENTER. THIS FORM WILL REMAIN CONFIDENTIAL IN THE CHILD'S FILE.

ILLNESS

I UNDERSTAND THAT IF MY CHILD BECOMES ILL (VOMITING, FEVER OVER 100 DEGREES, ETC.), I, OR MY EMERGENCY CONTACT PERSON, WILL BE CALLED TO PICK UP MY CHILD. I UNDERSTAND THAT IT IS VERY IMPORTANT THAT SOMEONE LISTED ON MY ENROLLMENT FORM IS AVAILABLE TO COME QUICKLY FOR MY CHILD WHEN CALLED. IF MY CHILD IS EXPOSED TO A CONTAGIOUS DISEASE, I AGREE TO NOTIFY THE DIRECTOR IMMEDIATELY. I UNDERSTAND YOU ARE RESERVING A SLOT FOR MY CHILD AND THE NORMAL WEEKLY RATE WILL BE CHARGED EVEN THOUGH MY CHILD IS NOT IN ATTENDANCE.

PARENT OR GUARDIAN'S SIGNATURE

DATE

TRANSITION SUPPORT & CURRICULUM

WE UNDERSTAND A NEW ENVIRONMENT FOR YOUR CHILD CAN BE AS DIFFICULT FOR PARENTS AS CHILDREN. WE WOULD LIKE TO MAKE THIS TRANSITION FROM HOME TO SCHOOL AS EASY AS POSSIBLE FOR EVERYONE. IF AT ANY TIME, YOU WOULD LIKE TO STOP IN AND CHECK ON YOUR CHILD DURING THE DAY, WE ENCOURAGE YOU TO DO SO. YOU CAN OBSERVE YOUR CHILD THROUGH OUR ONE-WAY OBSERVATION WINDOW, ON THE CLOSED CIRCUIT MONITOR LOCATED IN THE DIRECTOR'S OFFICE OR BY JOINING YOUR CHILD FOR AN ACTIVITY, SNACK OR MEAL. YOU CAN ALSO TELEPHONE AND SPEAK TO YOUR CHILD'S TEACHER DURING THE DAY. WE HOPE THAT THESE OPPORTUNITIES MAKE TRANSITION EASIER FOR YOU AND YOUR CHILD. WE LOOK FORWARD TO HAVING YOUR FAMILY WITH US! PLEASE BE SURE TO REVIEW YOUR CHILD'S CURRENT CURRICULUM GUIDE SO THAT WE CAN WORK TOGETHER ON AGE-APPROPRIATE SKILLS.

DISCIPLINE POLICY

THE CENTER PERSONNEL WILL USE A POSITIVE, GENTLE TEACHING DISCIPLINARY APPROACH. IN NO CASE WILL CORPORAL (PHYSICAL) PUNISHMENT BE USED, NOR WILL PROFANE LANGUAGE, VERBAL ABUSE OR HUMILIATION BE USED. DISCIPLINARY PROBLEMS WILL BE DISCUSSED WITH PARENTS AND DOCUMENTED IN THE CHILD'S FILE. PLEASE SEE ATTACHED DISCIPLINE POLICY FOR FURTHER DETAILS.

I HAVE READ AND UNDERSTAND THE ENCLOSED DISCIPLINE POLICY AND ACKNOWLEDGE THAT THE CENTER HAS THE RIGHT TO DENY ADMITTANCE TO ANY CHILD WHOSE NEEDS CANNOT BE MET BY THE EXISTING PROGRAM OR WHOSE BEHAVIOR IS SUCH THAT IT CREATES A DANGER TO OTHER CHILDREN OR STAFF.

PARENT OR GUARDIAN'S SIGNATURE

DATE

YOU WILL BE NOTIFIED OF ANY SIGNIFICANT OCCURRENCES OR PROBLEMS WHICH AFFECT YOUR CHILD, INCLUDING EXPOSURE TO COMMUNICABLE DISEASES.

PUBLIC RELATIONS RELEASE

THE EXCEPTIONAL PROGRAM IN WHICH YOU HAVE ENROLLED YOUR CHILD IS LIKELY TO BE CONSIDERED NEWSWORTHY, AS IT REPRESENTS A UNIQUE COLLABORATION OF MANY BUSINESS AND COMMUNITY ORGANIZATIONS AND BOASTS THE HIGHEST QUALITY OF CARE. IT IS ALSO LIKELY THAT OUR MARKETING EFFORTS WOULD BE ENHANCED BY PICTURES, SOUND RECORDINGS OR ARTWORK OF THE CHILDREN IN THE CENTER. PLEASE INDICATE BELOW WHETHER OR NOT YOU CONSENT TO RELEASING SUCH MATERIAL FOR THESE PURPOSES.

THE CENTER _____ **MAY**, _____ **MAY NOT** USE PHOTOGRAPHS, REPRODUCTIONS AND/OR SOUND RECORDINGS OF MY CHILD. SUCH USES MAY INCLUDE ADVERTISING, PUBLICITY OR PUBLIC INTEREST PURPOSES IN NEWSPAPERS, NEWSLETTER, RADIO, MAGAZINES OR TV.

THE CENTER _____ **MAY**, _____ **MAY NOT** USE PICTURES TAKEN BY THE TEACHER FOR CLASSROOM USE.

PARENT OR GUARDIAN'S SIGNATURE

DATE

DISCIPLINE POLICY

It is the philosophy of the Consortium that each child is unique in his or her combination of strengths, weaknesses, interests, talents, needs, personality attributes and behavioral styles. These differences will be respected. Each child's individuality will be appreciated and will be considered in the context of the children around him or her. Every child exists within the larger context of his or her family and the diversity inherent among families will be recognized and respected.

The approach to child care will be positive and staff will make every effort to use techniques that will encourage the development of high self-esteem, self-respect, independence, creativity, social problem-solving skills and self-control. Such practices include, but not limited to, appropriate and genuine praise, guidance in personal problem-solving, exploration of feelings, redirecting, selective ignoring and appropriate use of humor.

Brief, supervised separation from the group (e.g., "time out") may be used if necessary. Such a separation will be followed by a private discussion with the child regarding the reason for separation and the child's alternative choices in similar situations in the future. No child shall be placed in a locked room.

At no time is cruel or abusive behavior on the part of the staff allowed. Positive methods must be used for maintaining group control and handling individual behavior. All behavioral correction will be administered with primary consideration for enhancing the self-esteem, problem-solving skills and the self-control skills of the child. Corporal punishment, including shaking, spanking and hitting, and other humiliating or frightening techniques are prohibited. Punishment must not be associated with food, rest or toilet training. Children who wet or soil themselves shall not be shamed or punished.

When the behavior of a child is destructive or potentially dangerous to staff or other children, the following steps will be taken, documented and communicated with the parent (s):

1. The rule and potential consequences for breaking the rule will be stated and/or reiterated to the child.
2. If the behavior ceases, the child will be praised.
3. If the behavior continues, the child will be separated for the safety of him/herself and others.
4. The teacher or director may permit the child to return to the group with the rule and consequence restated.
5. If the behavior persists, or if the behavior is considered to be dangerous or disruptive beyond the capacities of the program and staff, the parent or designated emergency contact will be contacted to pick up the child.
6. Staff and Director will be available to discuss the problem with parents and explore solutions and/or to refer to outside agencies for help.
7. The Consortium reserves the right to disenroll any child whose behavior would be dangerous to staff or other children, destructive or interfere with the ability of other children to benefit from the program.

HEALTH & MEDICATION POLICY

The parent of each child enrolled in the program must have completed a health form that includes immunization records.

Each day, staff will observe the children for noticeable signs of illness or injury. Any child with an infectious or contagious disease (i.e., conjunctivitis (pink eye), measles, mumps, chicken pox, tuberculosis, viral flu, impetigo, lice, etc.) shall not attend at the Center. The Center Coordinator may refuse to admit to the Center any child who is suspected of having an infectious or contagious disease. Any child who becomes ill at the Center and/or is suspected of having an infectious or communicable disease shall be isolated from other children until the parent or authorized person comes for the child. That child shall not return to the Center until the disease is cured or has been determined by a physician or authorized health professional to no longer be infectious or contagious.

If a child has diarrhea 3 or more times in a day, vomits at school or develops a fever over 100 degrees s/he will be sent home. S/he may return the next day if vomiting or diarrhea has stopped. However, your child must be fever-free (without medication) for twelve hours before returning to school. If the child has a cold, but is not running a fever (100 degrees), s/he may stay at the Center. Any child attending the Center must be in good enough health to participate in regularly scheduled daily activities. When a child has special needs, it is the policy of the Consortium to meet those needs to the best of our staff's ability while encouraging the child's self-esteem and sense of belonging.

If medication is to be taken by a child, it must be given to the Center in the original container. Individual prescriptions must have the original pharmacy label showing prescription number or name of medication, date filled, physician's name, child's name and directions for use (frequency and dosage). Written instructions, signed by the parent regarding the quantity, time(s) of administration, name and phone number of the doctor, and any other considerations related to the medication or illness must also accompany the medication. Non-prescription drugs to be administered by the Center must also be accompanied by a doctor's written order (e.g., "fever-reducer may be given as needed"). Staff shall record the medication given, dosage, time and child's name in the daily medical log. The Provision of dietary supplements, variations in diet and any medical procedures for any child can be done only on written order of a physician.

If a child is injured, staff will take necessary steps to obtain emergency medical care. This may include but are not limited to:

1. Contacting parent, guardian or family physician;
2. Calling an ambulance or paramedic;
3. Once emergency medical care has been administered, staff will file an accident report with Center Coordinator.

Imagination Station will notify families of all children who have been exposed to any communicable illness.